

Last Name: \_\_\_\_\_

Application#: \_\_\_\_\_  
(for office use only)



**GREENWOOD FIRE DEPARTMENT**  
**155 E. MAIN STREET**  
**GREENWOOD, IN 46143**  
(317) 882-2599  
(317) 887-5627 Fax

**Part-Time Paid Standby Firefighters**  
**(This is a Part-Time Position)**

**EMPLOYMENT APPLICATION**

The Greenwood Fire Department is an equal opportunity employer. Complete the application carefully and in its entirety. Follow all instructions completely. Fill in each blank legibly. If a blank or section does not apply to you, state so with N/A or words “does not apply”. Do not omit or misstate any of the information or statements on the application. All facts or statements provided are subject to verification to determine your qualifications for employment with the Greenwood Fire Department. The Greenwood Police Department will be conducting background investigations on each application.

You will need to submit copies of your:

State of Indiana Drivers License

High School Diploma or GED

State of Indiana Fire and Emergency Medical Service Certifications

when you submit this application.

Failure to follow instructions or providing false or misleading information will be cause for rejection of the application from further consideration.

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name

\_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

If you cannot be reached at the above phone number, where may we contact you?

Name of Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied?  
Yes \_\_\_\_ No \_\_\_\_

### Emergency contact not living with you:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

## Personal References

List three (3) personal references (not relatives) who have known you for the past year or more.

Name	Address	Phone #	Years Know

## EDUCATION EXPERIENCE AND SKILLS INFORMATION

### Education

School	School Name – Location	Major Subjects	Years Completed	Date Completed
Grade School				
High School				
College				
Masters Degree				
Specialized/ Technical Training				

Subjects of Special Study or Research Work (list)

---

Professional Organizations

---

Honors Received, Volunteer or Community Service or Other Qualifications, which you feel, are related to the position that you are applying:

---

---

---

### State of Indiana Fire and EMS Certifications

Copies of Certifications must be included with this application  
State of Indiana Certifications Only

Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Certification Number \_\_\_\_\_

Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Certification Number \_\_\_\_\_

Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Certification Number \_\_\_\_\_

Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Certification Number \_\_\_\_\_

## Employment History

**List below current and past two (2) employers, beginning with your most recent (include regular, summer, and volunteer work).**

<b>1</b>	Dates of Employment (month, year) From                      To	Title of Position			
Salary or Earnings Starting \$            per Present \$            per		Avg. Hrs. Per Week	Place of Employment	Number and Kind of Employees Supervised	Type of Business
Name of Immediate Supervisor			Name of Employer (firm, org, etc) and Address (inc. Zip)		
Area Code & Phone No.					
Reason for Leaving					
Description of Duties, Responsibilities, and Accomplishments					

<b>2</b>	Dates of Employment (month, year) From                      To	Title of Position			
Salary or Earnings Starting \$            per Present \$            per		Avg. Hrs. Per Week	Place of Employment	Number and Kind of Employees Supervised	Type of Business
Name of Immediate Supervisor			Name of Employer (firm, org, etc) and Address (inc. Zip)		
Area Code & Phone No.					
Reason for Leaving					
Description of Duties, Responsibilities, and Accomplishments					

<b>3</b>	Dates of Employment (month, year) From                      To	Title of Position			
Salary or Earnings Starting \$            per Present \$            per		Avg. Hrs. Per Week	Place of Employment	Number and Kind of Employees Supervised	Type of Business
Name of Immediate Supervisor			Name of Employer (firm, org, etc) and Address (inc. Zip)		
Area Code & Phone No.					
Reason for Leaving					
Description of Duties, Responsibilities, and Accomplishments					

Please Explain Any Periods of Unemployment

---

---

---

If your former employment references or education are under a name other than indicated on this application, please list here:

---

Have you ever been arrested? \_\_\_\_\_? If yes, give nature and explanation. Add additional pages if necessary.

---

---

---

Have you ever been convicted of or pled guilty to a felony or misdemeanor? \_\_\_\_\_ If yes, give nature of violation and explanation and if more than one, add additional page with all information.

---

---

---

List all traffic convictions you have received during the past three years. If more than two add an additional page with information.

Date:	Location:	Charge
-------	-----------	--------

---

---

List all vehicle accidents you've been involved in during the past three years. If more than two add an additional page.

Date:	Location:
-------	-----------

---

---

Has your operator's license ever been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain

---

---

---

---

Year, Make, Model of your Auto \_\_\_\_\_

Current Auto Insurance Company \_\_\_\_\_

#### Military Information

Have you served on active duty in the armed forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Branch and Dates of Service and are you on Active Duty at this time. If Discharged, your discharge status. Add additional pages if necessary.

---

---

Hours you would be available for part-time employment with this department? \_\_\_\_\_

---

## **ACKNOWLEDGEMENT & SIGNATURE**

**Applicant: Please read carefully before signing. If you have any questions regarding the following statement or any questions contained in this application, please contact Greenwood Fire Department Administration at 317-882-2599 before signing.**

**My signature indicates that:**

I voluntarily give the Greenwood Fire Department the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all personal, companies, or corporations supplying such information.

I understand that my application will remain active for the remainder of the on going process.

I understand that according to federal law, all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. Citizens status or if alien, their legal authorization to work in the U.S. Failure to provide your Indiana Drivers License or High School Diploma or GED will result in rejection of your application.

I understand that employment with the Greenwood Fire Department is voluntary and acknowledge that there is no specified length of employment. Accordingly, either an employee or the Greenwood Fire Department may terminate the employment relationship at any time, with or without cause or notice. I understand that if I am employed I will have a Probationary Period. Successful completion of an employee's Probationary Period does not alter the "at will" employment relationship.

I certify that the information contained on this form is correct and complete to the best of my knowledge. I agree to inform the Greenwood Fire Department of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I understand that false, misleading, or omitted information will result in the rejection of the application. I also understand that my employment will be terminated for any misstatement, misleading, or omission of fact appearing on this application form or any other employment document.

I understand that I will be required to follow the Greenwood Fire Department policies and procedures and any violation may lead to dismissal.

I authorize the release of reference information on the quality of my performance upon the separation of employment by the Greenwood Fire Department or myself.

I understand that the Greenwood Fire Department will strive to keep the information on this applicant confidential; I also understand that the Greenwood Fire Department may be required to disclose information pursuant to I.C. 5-14-3, the Public Records Law. In the event law requires disclosure, I agree to waive all rights of action against the Greenwood Fire Department for disclosing any and all information included on this form.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANTS**  
**DO NOT COMPLETE THIS SHADED SECTION**  
**GREENWOOD FIRE DEPARTMENT ADMINISTRATIVE USE ONLY**

Last Name: \_\_\_\_\_  
Application #: \_\_\_\_\_

Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Drivers License Received ☐ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Diploma or GED Received ☐ Diploma Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Certifications Received: (Only)

State of Indiana Firefighter I/II ☐ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State of Indiana EMT ☐ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_ ☐ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License Check \_\_\_\_\_  
Back Ground Check \_\_\_\_\_

Letter for Packet Pick Up \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ (initials)

Packet Pick Up \_\_\_\_/\_\_\_\_/\_\_\_\_ Packet # \_\_\_\_\_

Date for Written/PAT \_\_\_\_/\_\_\_\_/\_\_\_\_

Letter for Interview Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ (initials)

Interview Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

PAT Score \_\_\_\_\_ Written Score \_\_\_\_\_

Background Assigned to \_\_\_\_\_

Letter for Physical \_\_\_\_/\_\_\_\_/\_\_\_\_ Physical Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Recruit Class Letter Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee # \_\_\_\_\_

PAT Score \_\_\_\_\_ Written Score \_\_\_\_\_